



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Nursecore of Fort Worth

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-15-0829-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

November 3, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Enclosed are copies of all the rejection letters showing I submitted corrections in a timely manner."

Amount in Dispute: \$1,124.94

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual on 8/11/14 received a complete bill from Nursecore of Fort Worth. ...The rationale given by the requestor for the late bill is not consistent with the Rule above."

Response Submitted by: Texas Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 7 – 18, 2014	Home Health Aide	\$1,124.94	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets our requirements for medical bill submission by health care providers.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired
 - 193 – The original payment decision is being maintained

Issues

1. Did the requestor submit the claim within Division guidelines?
2. Is the requestor entitled to reimbursement?

Findings

1. The carrier denied the disputed service as 29 – “The time limit for filing has expired”. 28 Texas Labor Code §133.20 (a) and (g) state in pertinent part, (a) “The health care provider shall submit all medical bills to the insurance carrier except when billing the employer in accordance with subsection (j) of this section. (b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.” (g) “Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier.” Review of the submitted documentation finds;
 - a. Notices dated May 13, 2014 and July 8, 2014 from carrier regarding dates of service April 17 – 18, 2014, indicating claim was unable to be processed
 - b. Copy of original bill submitted to carrier created 07/21/14 with missing elements (which falls outside 95 day submission requirement).
 - c. Copies of UB-94 for disputed services that are complete however, no supporting documentation was found to verify these claims were sent to the carrier (copy of fax cover sheet, certified mail etc.,)

Rule 133.20 (g) states, “Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier.” This correction is a “new” bill and does not extend the 95 day filing limit as required in section (b) of the above mentioned rule. The carrier’s denial is supported.

2. The requirements of timely claim submission were not met. No additional payment can be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February , 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.